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000027777 7590 03/19/2004

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Jacqueline Pinnick (Depositor's name)
(Signature)
06/16/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/083,775	02/26/2002	Stephen A. Ulrich	OET-1586	5464

TITLE OF INVENTION: TASTE MASKED PHARMACEUTICAL COMPOSITIONS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SPEAR, JAMES M	1615	424-474000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ortho-McNeil Pharmaceutical, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Raritan, NJ

Recorded: 07/30/2002

Reel/Frame: 013137/0476

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).

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6/16/04

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